

## RECOMMENDATION:

**The Governor's Commission on Medicaid Care Management hereby recommends that the following vision, principles, and guidance be endorsed to inform and evaluate the transition from the current systems of providing Medicaid-funded Long Term Services and Supports (LTSS) to a more efficient, effective, and cost-effective Managed Medicaid Long Term Services and Supports (MLTSS) system to ensure that the individuals who rely on these services experience a smooth transition to MLTSS and maintain a high quality of services and supports, as well as a high quality of life.**

## RATIONALE:

The Governor's Commission has been tasked with making recommendations to the Governor about issues relating to Medicaid Care Management. The Commission recommends the following vision, principles and guidance as a framework to follow in developing the plan and contracts for implementing Step 2 of the Care Management program to include MLTSS. It is important to build on important work that has already been documented through various Real Choice Systems Change grants, the State Innovation Model Process (SIM), and the ongoing stakeholder engagement process.

In 2006, funded through a Centers for Medicare and Medicaid Services (CMS) Real Choice grant, a vision and mission for long term services and supports in NH was developed. The development of this vision and mission included a broad cross-section of stakeholders across all populations and ages. At the time, the NH Department of Health and Human Services affirmed this vision and mission. Subsequently, this vision and mission was adopted during the State Innovation Model stakeholder planning process and was included as part of the SIM plan submitted to CMS. The Commission recommends that this vision and mission be adopted to guide the implementation of MLTSS in New Hampshire.

*The vision for Medicaid Managed Long Term Services and Supports is for all eligible New Hampshire citizens to have access to the full array of long-term supports and services. This allows them to exercise personal choice and control, and affords them dignity and respect throughout their lives. To the greatest extent possible, citizens should be able to make informed decisions about their aging, health, and care needs. There should be a high level of quality and accountability in everything offered and in everything provided.*

*The purpose is to create a dynamic and enduring community-based system of long term services and supports, so all New Hampshire citizens may live and age with respect, dignity, choice, and control throughout their life.*

The following principles and guidance incorporate the principles presented by Governor Hassan to the Governor's Commission, the guidance on MLTSS from the Centers for Medicare and Medicaid Services (CMS),<sup>1</sup> stakeholder forum input, and Federal Medicaid policy and should guide the development and implementation of MLTSS and should be used as a guidepost for the development and implementation of contracts with the participating MCOs.

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<sup>1</sup> Principles adapted from "Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs", issued by the Centers for Medicare and Medicaid Services. (May 20, 2013).

**Principles for a Medicaid Managed Long-Term Services and Supports Program:  
Promoting Health, Wellness, Independence, and Self-Sufficiency**

1. Development and implementation of a quality MLTSS program requires a thoughtful and deliberative planning and design process, building on the strengths of the current LTSS program.
2. Implementation and operation of the MLTSS program must be consistent with the Americans with Disabilities Act and the Supreme Court *Olmstead v. L.C.*<sup>2</sup> decision, such that MLTSS is delivered in the community in the most integrated fashion and setting possible<sup>3</sup> and in a way that offers the greatest opportunities for active community and workforce participation, all to the extent desired by and appropriate to the individual participant.
3. Payment structures for MLTSS support the goals and essential elements of the program, including encouraging, rather than dis-incentivizing, home and community-based care and promoting employment services.
4. The MLTSS participant must be assured the opportunity for informed choice and assistance through conflict-free education, enrollment/disenrollment assistance, and advocacy.
5. The MLTSS program must consider the unique needs of the whole person through person-centered policies and procedures, promotion of self-determination, and opportunities for self-direction.
6. Ensuring one entity is responsible for a comprehensive and integrated package of acute care services and LTSS (institutional and non-institutional) increases Medicaid program efficiency, avoids cost shifting and service disincentives, and enhances health outcomes and quality of life.
7. A provider network is adequate if it is strongly representative of the State LTSS infrastructure and it ensures the participant a choice of and timely access to providers and necessary services, as well as continuity of care during transition periods.
8. Participant health and welfare in MLTSS is better assured with strong and clearly defined participant protections and supports.
9. There must be no reduction in the quality of care provided to participants in the MLTSS model, as compared to the fee-for-service model, and the State must exercise all due diligence to maintain or increase the current level of quality.<sup>4</sup>
10. Effective State oversight of MLTSS is vital to ensuring program vision, goals, and managed care contract elements.

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<sup>2</sup> *Olmstead v. L.C.*, 527 U.S. 581 (1999).

<sup>3</sup> The “most integrated setting” is defined as “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” 28 C.F.R. Pt. 35, App. A (2010).

<sup>4</sup> Senate Bill 147 (2011); RSA 126-A:5, XIX.

## **Principle Implementation Guidance**

### **Adequate Planning**

1. Ensure adequate time to: develop a clear vision and goals; obtain stakeholder input; educate program participants, providers, State personnel, and MCOs; identify State monitoring and oversight responsibilities; assess and ensure MCO, State, and provider readiness; and develop a transition plan to MLTSS with mechanisms to reduce risk to beneficiaries and for rapid identification and resolution of LTSS problems.
2. Engage a cross-disability representation of stakeholders, including a formal advisory body, in the development, implementation, and ongoing operation of the MLTSS program, which includes participant, community organization, provider, and advocacy representatives.

### **Community Integration**

Undertake meaningful compliance with CMS home and community-based setting requirements and include services and incentives to enable and support employment, including volunteer work.

### **Payment Structures**

1. Ensure payment structures that are adequate to provide participants access to and choice of needed LTSS providers, such that the MLTSS network is sufficient in provider number, type, and geographic location so as to afford the participant access to LTSS that is at least equivalent to that available to the general public in the participant's community.
2. Ensure routine State oversight and evaluation of payment structures to assess effect on goal achievement and impact on the LTSS infrastructure, as well as to hold MCOs accountable through performance-based incentives and penalties.
3. Ensure payment structures are cost-efficient in order to best meet the needs of all eligible persons needing services.

### **Conflict-Free Participant Support**

1. Require that participant education, assistance, and advocacy be provided by an entity that is not an MCO or a service provider and establish an independent advocate or ombudsman to assist participants. Provide each in a manner that is accessible, ongoing, culturally competent, and consumer-friendly.
2. Require conflict-free LTSS clinical eligibility determinations.

### **Person-Centered Processes**

1. Provide training for and require the use of a standardized person-centered needs assessment<sup>5</sup> and the use of person-centered service planning and coordination, including the promotion of self-determination.
2. Require MCOs provide, but not require, opportunities and supports for self-direction of services.

### **Comprehensive, Integrated Service Package**

1. Require MCOs provide and coordinate the full array of LTSS (including institutional and non-institutional) to ensure integration and delivery of all needed services identified in needs assessments and care plans.
2. Routinely assess the impact on goal attainment resulting from the exclusion of any services from MCO or State benefit packages.

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<sup>5</sup> The assessment instrument includes current health status and treatment needs; social, employment, and transportation needs and preferences; personal goals; participant and caregiver preferences for care; back-up plans for situations when caregivers are unavailable; and informal support networks.

### **Qualified Providers and Network Adequacy**

1. Require MCOs develop and maintain an adequate network of LTSS providers who meet State qualification requirements. Require State approval of MCO provider qualification requirements that materially exceed those of the state Medicaid agency to determine potential impact on the LTSS provider infrastructure for participants and for the general population.
2. Require, to the extent possible, that all Medicaid LTSS providers be incorporated into the MCO provider network and identify any essential provider groups for whom the State should mandate incorporation as network providers.
3. Provide support to LTSS providers in areas where they lack MLTSS experience or capacity.
4. Establish transition plans to ensure continuity and coordination of care when out-of-network providers are involved in the transitioning participant's care, with a particular focus on transitions that may impact the participant's residence or employment.

### **Participant Protections**

1. Establish and educate participants and MCOs about: participant rights and responsibilities; a critical incident management system; and a system to prevent, detect, report, investigate, and remediate abuse, neglect, and exploitation.
2. Educate participants and MCOs on grievance, appeal, and fair hearing protections, including continuation of authorized services pending appeals of service coverage. Require these processes be easily accessible, culturally competent, and consumer-friendly. Offer the services of an MLTSS ombudsman who can provide conflict-free assistance to participants.
3. Ensure that auto-assignment to a health plan includes consideration of LTSS providers utilized by the participant. Allow participant disenrollment from a health plan for cause when termination of a provider from the MLTSS network would result in a disruption in residence or employment.

### **Quality**

1. Develop a MLTSS quality strategy and quality improvement system that is tailored to each MLTSS population and that is built upon and integrated with current programs. Include: an External Quality Review process to assess and validate critical MLTSS quality elements, with a focus on individual outcomes and critical processes; a quality of life indicators measure for participants; and a strategy for the transition from fee-for-service to MLTSS.
2. Develop and maintain a transparent data collection and reporting system that provides a strong feedback loop to assure that MLTSS are managed in an efficient and responsible manner that ensures the highest level of quality and meets the unique needs of MLTSS participants. Include an MCO MLTSS report card utilizing quality data.

### **State Oversight**

1. Ensure State administrative and leadership capacity in the following areas in order to provide effective oversight of MLTSS in: contract monitoring and performance improvement; provider network adequacy and access to services; quality assurance and improvement; member education and consumer rights; and rate setting.<sup>6</sup>
2. Require MCO personnel involved with MLTSS have experience and expertise in LTSS and with the populations served, including personnel in leadership, management, utilization review, interdisciplinary care teams, care coordination, and provider relations.

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<sup>6</sup> AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012.

## RESOURCES

The following resources should be utilized by NH DHHS and the MCO's in their implementation of Medicaid MLTSS programs in NH:

1. Transitioning Long Term Services and Supports Providers Into Managed Care Programs, May 2013, Brian Burwell & Jessica Kasten, Prepared by Truven Health Analytics for CMS, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/Transitioning-LTSS-.pdf>
2. Summary - Essential Elements of Managed Long Term Services and Supports Programs, CMS, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf>
3. Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs, May 20, 2013, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf>
4. Summary of CMS Guidance on Managed Long-Term Services and Supports, May 2013, NSCLC, available at: <http://www.nslc.org/wp-content/uploads/2013/05/MLTSS-Guidance-052313.pdf>
5. AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012 available at: <http://www.aarp.org/health/medicare-insurance/info-07-2012/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-long-term-services-and-supports-AARP-ppi-health.html>